

UNITED STATES OF AMERICA

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor(s), I/We hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) are as stated below my name(s).

I/We verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL THERAPEUTIC APPLICATION OF ENOXAPARIN

and the specification of which
(check one)



is attached hereto (Attorney Docket No. **ST00001A-US**)



was filed on _____ as U.S. Application Number



and was amended on _____ (if applicable).

was described and claimed in PCT Int'l Application Number _____ filed on _____
and as amended under PCT Article 19 on _____ (if any).

I/We hereby state that I/We have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I/We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 C.F.R. 1.56.



I/We hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one other country other than the United States of America, listed below and having a filing date before that of the application on which priority is claimed. I/We have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Foreign
Priority:

FR00/00137

Number

France

Country

06 January 2000

Day/Month/Year Filed

Prior
Foreign
Appln(s):

Number

Country

Day/Month/Year Filed



I/We hereby claim the benefit under Title 35, United States Code §119(e) of any United States Provisional application(s) listed below:

60/188,352

Number

March 9, 2000

Filing Date



I/We hereby claim the benefit under Title 35, United States Code §120 or 365(c) of any United States application(s) or international application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I/We acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No.

Filing Date

Status (Patented, Pending)

I/We hereby appoint the attorneys and/or agents associated with the Customer No.(s) provided below as my/our attorneys and/or agents with full power to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No.: 005487

I/We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States code §1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s): ☐ Additional names and signatures are attached.

1. Full name: Veronique MARY

Signature: _____

Date: _____

Country of Citizenship: France

Residence: Organgis, France

(City and State/City and Country only)

P. O. Address: 6 rue d'Artois

91130 Ris Orangis, France

3. Full name: Andre UZAN

Signature: _____

Date: _____

Country of Citizenship: France

Residence: Paris, France

(City and State/City and Country only)

P. O. Address: 35 avenue Victor Hugo

75116 Paris, France

2. Full name: Jean-Marie STUTZMANN

Signature: _____

Date: _____

Country of Citizenship: France

Residence: Villecresnes, France

(City and State/City and Country only)

P. O. Address: 9 rue de l'Arche

94440 Villecresnes, France

4. Full name: Florence WAHL

Signature: _____

Date: _____

Country of Citizenship: France

Residence: Paris, France

(City and State/City and Country only)

P. O. Address: Chez Mr. Karoby

5 rue de l'Ave Maria

75004 Paris, France

6. Full name: _____

Signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

(City and State/City and Country only)

P. O. Address: _____

8. Full name: _____

Signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

(City and State/City and Country only)

P. O. Address: _____

5. Full name: _____

Signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

(City and State/City and Country only)

P. O. Address: _____

7. Full name: _____

Signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

(City and State/City and Country only)

P. O. Address: _____

Aventis Pharmaceuticals Inc.
Patent Department
Route #202-206
P.O. Box 6800
Mail Code EMC-G1
Bridgewater, NJ 08807-0800
Telephone (908) 231-2785
Telefax (908) 231-2626